

# PARK RIVER · BIBLE · CAMP ·

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the **PARK RIVER BIBLE CAMP PAINTBALL PROGRAM**, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “Releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue **PARK RIVER BIBLE CAMP**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “Releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
Printed name of participant

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of participant

### PARENTAL CONSENT (for participants under 18)

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

\_\_\_\_\_  
Printed name of Parent or Legal Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

# PARK RIVER

· BIBLE · CAMP ·

## Paintball Participant Health and Medical Release

Participant name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Last grade completed (if applicable): \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Health Questions

1. Any preexisting injuries that may be aggravated by participating? Yes or No

2. Taking any current medications? Yes or No

3. Any heart problems or heart medications? Yes or No

4. Do you have high blood pressure? Yes or No

5. Do you have allergies (bees/insects, medications, etc.)? Yes or No

6. Do you have any physical limitations? Yes or No

7. Current level of activity back home. Low, Med, High

If you answered "yes" to any question above please discuss that item with the activity facilitator. Please include any additional information that you feel is relevant (i.e. specific injuries, allergies):

---

---

---

---

I authorize the Park River Bible Camp to provide medical and first aid care should any emergency occur. Furthermore, in giving permission I agree to pay all expenses resulting from such an emergency and in no way hold Park River Bible Camp, staff members, or board members liable. I also consent to the use of photos or video of the named participant for promotional purposes.

Participant signature (if at least 18 years old): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Person to contact in case of an emergency: \_\_\_\_\_

Emergency phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_